

**YWCA Preschool  
2021-2022 School Year  
Registration & Fees Information**

**The Child Care Center is open  
September – June  
(Follows the ECSD Calendar)  
7:45am – 3:30pm  
Monday through Friday**

The attached application packet contains registration information for the 2021-2022 school year. Please complete one registration form for each student. Please return the registration form and the Parent Handbook Sign-Off sheet along with a \$55.00 non-refundable enrollment fee (for non UPK students and Wrap Around) to the YWCA, 211 Lake Street, Elmira, NY 14901. You can also pay your enrollment fee on line at [www.ywcaelmira.org](http://www.ywcaelmira.org).

**YWCA Preschool Fees – Non Universal PreK students**

Full time – 4/5 days per week/all day care:	\$176.00 per week
Part time - 3 days per week /all day care:	\$106.00 per week
Per day all day care:	\$36.00 per day
Per day half day care:	\$25.00 per day

***These rates apply to all students not registered through the Elmira City School District***

**Payment Options:** For your convenience, also included in this packet is an Authorization Agreement form for Direct Debits and a Credit Card Authorization Form. If you choose to use these payment options, please return the form with your child's registration. You may also pay by check, cash, and online via the parent portal. We gladly accept child care subsidy payments for eligible families. Payment are due weekly by Friday. Please refer to the Parent Handbook for further questions regarding payments. Registration is on a *first-come first-served* basis, to guarantee enrollment please return all forms with your registration fee as soon as possible.

Welcome to the YWCA Child Care Center! We are excited you have decided to enroll your child in our program and look forward to the opportunity to get to know them and your family.

An important aspect of the YWCA Child Care Center is our commitment to providing quality, affordable child care in an environment that is family oriented and individually focused. We follow the Common Core Curriculum and at the same time allow your child the opportunity to learn and grow through activities and experiences unique to the YWCA and our location in downtown Elmira. Children have daily physical activity in the onsite PreK playground, the YWCA gymnasium or the indoor pool, and activities and field trips unique to our location such as attending performances at the Clemens Center, borrowing from the Bookmobile, or visiting the Steele Memorial Library.

As a New York State licensed child care facility, we are required to obtain certain documents for your child *in addition to those you may have completed with ECSD*. Please fill out the attached enrollment forms and return the completed packet to the YWCA front desk. Enclosed is the Parent Handbook that is your resource for the policies of the Child Care Center; we encourage you to ask questions so that you are familiar and comfortable with our program.

On your child's first day please bring the following items to be kept in your child's locker as needed:

- One extra set of clothing – pants, shirt, underwear, and socks
- One small blanket, pillow, crib sheet, and stuffed animal for rest time.  
These should be taken home on Fridays to be washed and returned on Mondays.
- Outwear for the season- hat, gloves, scarf, boots, snow pants, sunscreen

Lunch and snacks are provided by the Child Care Center but please send any special dietary items and/or discuss special needs with the Director to ensure your child's safety.

We look forward to watching your child grow, learn, and achieve as part of the YWCA family!







YWCA Child Care Center  
211 Lake Street  
Elmira, New York 14901

## YWCA Preschool Enrollment Agreement

This agreement is between the YWCA of Elmira and the Twin Tiers and the parent(s) or legal guardian(s) of the following child:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Enrollment Type:

- Universal PreK ONLY (8:15am-2:30pm)- FREE**
- Wrap Around Care for Universal Pre-K (2:30pm – 5:30pm)
- Full Time YWCA Preschool – Days: M T W Th F      Hours: \_\_\_\_\_
- Part Time YWCA Preschool – Days: M T W Th F      Hours: \_\_\_\_\_
- Other: \_\_\_\_\_

I understand that by enrolling my child in the YWCA Child Care Center I agree to pay the annual enrollment fee of \$55 per year (for non UPK students and Wrap Around) and the required weekly amount for my child to attend.

I further understand that I am responsible for bringing this payment to the YWCA at 211 Lake Street, Elmira, NY by every Friday. **Payment is required every week to maintain my child's slot regardless of illness or work schedules.**

If my child receives child care subsidy, I am responsible for my portion of the fee and will pay it to the YWCA according to the agreement.

If I fail to meet my obligation in paying these fees, my child will be removed from the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date.



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**YWCA Preschool  
Family Information Summary**

**Family Information Sheet**

<b>Name</b>	<b>Address</b>	<b>Phone Numbers</b>
Mother		Home Work Cell
Father		Home Work Cell
Other Guardian		Home Work Cell
Other Guardian		Home Work Cell

Who lives in the household with the child?

<b>Name</b>	<b>Age</b>	<b>Relationship</b>

If there are any special circumstances we should know about your family, please write them on the reverse of this sheet, or speak to the Director.



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## YWCA Preschool Pick Up Permission List

Only those people listed on this sheet will have permission to pick up a child from the center (include yourself). If you need to add or remove someone from the list, please see a staff member. **Please be sure to have photo identification when picking up a child.**

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Name	Relationship to Child



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## YWCA Preschool Subsidy Agreement

- Please note that the subsidy program will cover child care payment *if you are working*.
- The program will pay for 5 absent days per quarter/3 month period (January-March), (April – June), (July – September), (October – December).
- If your child is absent for more than 5 days, you will be responsible for full payment of those days (\$36 per day) and receive a bill from the YWCA.
- Children may be here for the hours that the subsidy program permits, no longer. It states the number of hours on the Certificate for Child Care Services, or you can contact Chemung County Child Care Council at 734-3941.
- Please make sure you understand the policies implemented by the subsidy program. Please see the Child Care Council with questions.
- If you are responsible for a parent fee, you must make payment on of Friday of each week.

I agree to the terms listed above and understand I must complete the verification process to obtain subsidy through the Chemung County Child Care Council. Until I am approved I acknowledge that I will be billed and responsible for charges for services rendered.

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Parent/Guardian

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Date



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**YWCA Preschool  
AUTHORIZATION AGREEMENT  
AUTOMATIC PAYMENT - Fixed Amount/Date**

**Parent:** \_\_\_\_\_ **Child:** \_\_\_\_\_  
**Company Name:** YWCA Elmira & the Twin Tiers **Company ID:** YWCA Daycare Program

I (we) hereby authorize YWCA Elmira & the Twin Tiers, hereinafter called COMPANY, to initiate debit entries to My (our) [ ] Checking Account/ [ ] Debit/Credit Card (**select one**) indicated below at the depository financial institution named below, hereafter called BANK. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**ACH: Bank Name :** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Option One: Weekly debit on every Friday for the following week of attendance based on your Enrollment Agreement.** Amount Authorized \$ \_\_\_\_\_

**Option Two: Monthly debit on the 5<sup>th</sup> of every month for the month of attendance based on your Enrollment Agreement.** Amount Authorized for Prepay Option: \$ \_\_\_\_\_

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**Debit/Credit Card: Name on Card:** \_\_\_\_\_

Card#: \_\_\_\_\_ Expires: \_\_\_\_\_ CVV: \_\_\_\_\_

**Option One: Weekly debit on every Friday for the following week of attendance based on your Enrollment Agreement.** Amount Authorized \$ \_\_\_\_\_

**Option Two: Monthly debit on the 5<sup>th</sup> of every month for the month of attendance based on your Enrollment Agreement.** Amount Authorized for Prepay Option: \$ \_\_\_\_\_

I understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

I understand that a new Authorization Agreement form for Direct Debits must be completed each year.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_





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## YWCA Preschool Photo/Media Release

I, \_\_\_\_\_ as parent/guardian of  
\_\_\_\_\_, **GIVE/ DO NOT GIVE** permission to  
the YWCA Child Care Center to use photos or videos of my child on the YWCA website, Facebook page,  
Twitter account, printed or electronic materials used to promote the preschool and pre-kindergarten  
programs. I understand that ***no identifying information will be connected to the photo.***

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

*This release is revocable in its entirety upon your written request*



Comprehensive Interdisciplinary Developmental Services, Inc.

161 Sullivan Street, Elmira, New York 14901-3331

(607) 733-6533 Fax: (607) 733-0939

David M. Andreine, MPS, CSA

Executive Director

Child's Name, Sex, Child's Home School, Date of Birth, Place of Birth, Insurance Coverage, Address, No. and Street, City, State, Zip

Parents: Father, Mother, Name: Mr., Mrs./Ms., age

Occupation

Place of Employment

Yrs. of Education Completed

Receiving other services? No Yes, Receiving other medical care? No Yes, Eye or ear specialist, Dentist, Other

1) I give my permission to David Andreine, Director of C.I.D.S. to have my child, screened in speech, vision, hearing and development. child's name, parent signature, date

2) I give my permission to David Andreine, Director of C.I.D.S. to exchange information concerning, with child's name, physician's name, parent signature, date

3) I give my permission to David Andreine, Director of C.I.D.S. to exchange information concerning with YWCA Child Care Center and the ECSD. child's name, parent signature, date



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### Sleeping/Napping Agreement

Sleeping and napping arrangements must be made in writing between the parent and the child care provider. The provider shall maintain this completed agreement on file in the child care home. This arrangement is required by New York State Child Day Care Regulations [Family Day Care 417.7(i) and 417.8(a)(1), and Group Family Day Care 416.7(i) and 416.8(a)(1)].

I, (parent name) \_\_\_\_\_, understand that my child, \_\_\_\_\_ while under the care of YWCA Elmira & the Twin Tiers will be napping on a (bed/cot/mat/chair) in the Child Care Center.

My napping child will have direct supervision at all times by a caregiver who is in the same room and has direct visual contact with him/her. The doors to all rooms where children are napping must remain open, as well as the doors to all rooms used by the provider.

\_\_\_\_\_  
Parent/Guardian (Print & Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Care Provider (Print & Sign)

\_\_\_\_\_  
Date



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## **YWCA Preschool Return Paperwork Checklist**

- NYS Registration Form
- YWCA Enrollment Agreement
- NYS Medical Statement of Child in Childcare (or your physician's equivalent form)
- Family Information Summary
- Pick Up Permission List
- YWCA Subsidy Agreement (if applicable)
- Automatic Payment Authorization (if applicable)
- YWCA Photo/Media Release
- CIDS Screening Permission
- Sleeping and Napping Agreement
- Receipt of Parent Handbook